

## HOUSE BILL NO. 325

INTRODUCED BY D. SANDS

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING INSURANCE COVERAGE FOR COLORECTAL CANCER EARLY DETECTION SCREENING; AMENDING SECTIONS 33-22-101, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE."

WHEREAS, there were an estimated 530 new colorectal cancer cases and an estimated 160 colorectal cancer-related deaths in Montana in 2008; and

WHEREAS, 90% of colorectal cancer cases are found in individuals over 50 years of age; and

WHEREAS, when colon cancer is diagnosed at an early stage, the 5-year survival rate is 90% but, when colon cancer is not diagnosed until it has spread to other organs, the survival rate is 10%;

WHEREAS, patients and health care providers should not be required to meet burdensome criteria or overcome significant obstacles to secure coverage for colorectal cancer screenings; and

WHEREAS, the lack of health insurance coverage availability for these life-saving screenings is a major barrier to early detection screening in Montana.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**NEW SECTION. Section 1. Insurance coverage for colorectal cancer early detection screening examinations.** (1) Each group or individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for all colorectal cancer early detection screening examinations and laboratory tests specified in current American cancer society guidelines for colorectal cancer screening of individuals.

(2) Colorectal cancer early detection screening examinations and tests covered by subsection (1) must be administered at a frequency identified in the current American cancer society guidelines for colorectal cancer.

(3) This section applies to the state employee group insurance program, the university system employee group insurance program, and any employee group insurance program of a city, town, school district, or other political subdivision of the state.

(4) Benefits provided under this section apply to a covered individual who is:

1 (a) at least 50 years of age; or

2 (b) less than 50 years of age and at high risk for colorectal cancer according to current colorectal cancer  
3 screening guidelines of the American cancer society.

4 (5) An individual may not be required to pay an additional deductible, copayment, or coinsurance or any  
5 other form of cost sharing for the total cost associated with colorectal cancer screening. Reimbursement to health  
6 care providers for colorectal cancer screenings provided under this section must be equal to or greater than  
7 reimbursement to health care providers provided under the federal medicare program in accordance with Title  
8 XVIII of the Social Security Act (42 U.S.C. 1395, et seq.).

9 (6) This section does not apply to disability income, hospital indemnity, medicare supplement,  
10 accident-only, vision, dental, specific disease, or long-term care policies.

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12 **Section 2.** Section 33-22-101, MCA, is amended to read:

13 **"33-22-101. Exceptions to scope.** (1) Subject to subsection (2), parts 1 through 4 of this chapter,  
14 except 33-22-107, 33-22-110, 33-22-111, 33-22-114, 33-22-125, 33-22-129, 33-22-130 through 33-22-136,  
15 33-22-140, 33-22-141, 33-22-142, section 1, 33-22-243, and 33-22-304, and part 19 of this chapter do not apply  
16 to or affect:

17 (a) any policy of liability or workers' compensation insurance with or without supplementary expense  
18 coverage;

19 (b) any group or blanket policy;

20 (c) life insurance, endowment, or annuity contracts or supplemental contracts that contain only those  
21 provisions relating to disability insurance that:

22 (i) provide additional benefits in case of death or dismemberment or loss of sight by accident or  
23 accidental means; or

24 (ii) operate to safeguard contracts against lapse or to give a special surrender value or special benefit  
25 or an annuity if the insured or annuitant becomes totally and permanently disabled as defined by the contract or  
26 supplemental contract;

27 (d) reinsurance.

28 (2) Sections 33-22-150 through 33-22-152 and 33-22-301 apply to group or blanket policies."  
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30 **Section 3.** Section 33-31-111, MCA, is amended to read:

1           **"33-31-111. (Temporary) Statutory construction and relationship to other laws.** (1) Except as  
2 otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health  
3 maintenance organization authorized to transact business under this chapter. This provision does not apply to  
4 an insurer or health service corporation licensed and regulated pursuant to the insurance or health service  
5 corporation laws of this state except with respect to its health maintenance organization activities authorized and  
6 regulated pursuant to this chapter.

7           (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority or its  
8 representatives is not a violation of any law relating to solicitation or advertising by health professionals.

9           (3) A health maintenance organization authorized under this chapter is not practicing medicine and is  
10 exempt from Title 37, chapter 3, relating to the practice of medicine.

11           (4) This chapter does not exempt a health maintenance organization from the applicable certificate of  
12 need requirements under Title 50, chapter 5, parts 1 and 3.

13           (5) This section does not exempt a health maintenance organization from the prohibition of pecuniary  
14 interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704.  
15 A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701  
16 through 33-3-704.

17           (6) This section does not exempt a health maintenance organization from:

18           (a) prohibitions against interference with certain communications as provided under chapter 1, part 8;

19           (b) the provisions of Title 33, chapter 22, part 19;

20           (c) the requirements of 33-22-134 and 33-22-135;

21           (d) network adequacy and quality assurance requirements provided under chapter 36, except as  
22 provided in 33-22-262; or

23           (e) the requirements of Title 33, chapter 18, part 9.

24           (7) Except as provided in 33-22-262, the provisions of Title 33, chapter 1, parts 12 and 13, Title 33,  
25 chapter 2, part 19, 33-2-1114, 33-2-1211, 33-2-1212, 33-3-422, 33-3-431, 33-15-308, Title 33, chapter 17, Title  
26 33, chapter 19, 33-22-107, 33-22-129, 33-22-131, 33-22-136, 33-22-141, 33-22-142, 33-22-152, 33-22-244,  
27 33-22-246, 33-22-247, 33-22-514, 33-22-521, [section 1], 33-22-523, 33-22-524, 33-22-526, and 33-22-706 apply  
28 to health maintenance organizations. (Terminates June 30, 2009--sec. 14, Ch. 325, L. 2003.)

29           **33-31-111. (Effective July 1, 2009) Statutory construction and relationship to other laws.** (1) Except  
30 as otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health

1 maintenance organization authorized to transact business under this chapter. This provision does not apply to  
2 an insurer or health service corporation licensed and regulated pursuant to the insurance or health service  
3 corporation laws of this state except with respect to its health maintenance organization activities authorized and  
4 regulated pursuant to this chapter.

5 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority or its  
6 representatives is not a violation of any law relating to solicitation or advertising by health professionals.

7 (3) A health maintenance organization authorized under this chapter is not practicing medicine and is  
8 exempt from Title 37, chapter 3, relating to the practice of medicine.

9 (4) This chapter does not exempt a health maintenance organization from the applicable certificate of  
10 need requirements under Title 50, chapter 5, parts 1 and 3.

11 (5) This section does not exempt a health maintenance organization from the prohibition of pecuniary  
12 interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704.  
13 A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701  
14 through 33-3-704.

15 (6) This section does not exempt a health maintenance organization from:

16 (a) prohibitions against interference with certain communications as provided under chapter 1, part 8;

17 (b) the provisions of Title 33, chapter 22, part 19;

18 (c) the requirements of 33-22-134 and 33-22-135;

19 (d) network adequacy and quality assurance requirements provided under chapter 36; or

20 (e) the requirements of Title 33, chapter 18, part 9.

21 (7) Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19, 33-2-1114, 33-2-1211, 33-2-1212,  
22 33-3-422, 33-3-431, 33-15-308, Title 33, chapter 17, Title 33, chapter 19, 33-22-107, 33-22-129, 33-22-131,  
23 33-22-136, 33-22-141, 33-22-142, [section 1], 33-22-152, 33-22-244, 33-22-246, 33-22-247, 33-22-514,  
24 33-22-521, 33-22-523, 33-22-524, 33-22-526, and 33-22-706 apply to health maintenance organizations."

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26 **Section 4.** Section 33-35-306, MCA, is amended to read:

27 **"33-35-306. Application of insurance code to arrangements.** (1) In addition to this chapter,  
28 self-funded multiple employer welfare arrangements are subject to the following provisions:

29 (a) 33-1-111;

30 (b) Title 33, chapter 1, part 4, but the examination of a self-funded multiple employer welfare

1 arrangement is limited to those matters to which the arrangement is subject to regulation under this chapter;

2 (c) Title 33, chapter 1, part 7;

3 (d) 33-3-308;

4 (e) Title 33, chapter 18, except 33-18-242;

5 (f) Title 33, chapter 19;

6 (g) 33-22-107, 33-22-131, 33-22-134, 33-22-135, 33-22-141, 33-22-142, ~~and~~ 33-22-152, and [section  
7 1]; and

8 (h) 33-22-512, 33-22-525, and 33-22-526.

9 (2) Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded multiple  
10 employer welfare arrangement that has been issued a certificate of authority that has not been revoked."

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12 NEW SECTION. Section 5. Codification instruction. [Section 1] is intended to be codified as an  
13 integral part of Title 33, chapter 22, part 1, and the provisions of Title 33, chapter 22, apply to [section 1].

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15 NEW SECTION. Section 6. Effective date. [This act] is effective January 1, 2010.

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17 NEW SECTION. Section 7. Applicability. [This act] applies to policies or contracts entered into or  
18 renewed on or after [the effective date of this act].

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